Department of Employee Relations 200 E. Wells Street, Room 706 Milwaukee, WI 53202-3554



REQUEST FOR REINSTATEMENT

Rule X, Section 8 of the City Service Rules allows employees who resigned or took a voluntary demotion, and were in good standing with their department to request reinstatement. Requests must be approved by the department to which the former employee wants to be reinstated. Requests made more than one year from resignation must also be approved by the City Service Commission. An employee may only be appointed by reinstatement twice. A reinstated employee has six months to establish residency within the City of Milwaukee from date of appointment.

Upon reinstatement, full credit is given for pay progression; however, credit for other benefits is adjusted by the length of time between resignation and reinstatement. Job class seniority may be determined by provisions of applicable collective bargaining agreements or City Service Rules as appropriate.

- If reinstated within 1 year, full credit is granted for vacation accrual, sick leave balance and job class seniority.
- If reinstated after 1 year, credit for vacation accrual, sick leave balance and job class seniority is adjusted.
- If reinstated after 3 years, no credit is granted for vacation accrual, sick leave or job class seniority.

Applicants are notified when a request is approved or denied. If approved, applicants are placed on a reinstatement list, and are sent notices for interviews as vacancies occur. Reinstatement lists are active for two years, but may be extended by the City Service Commission. Candidates being considered for placement via reinstatement will be subject to a criminal conviction record review and satisfactory completion of a preemployment drug and medical examination.

1) COMPLETE INFORMATION BELOW:

Name:	
Address:	Zip Code:
Phone No.:	
Social Security	Date of Separation
No.:	From Service:
Reinstatement to which Department & Division:	
Reinstatement to which Job Title:	
Department & Division Where Last Employed:	
I have read and understand the information above reinstatement list for the Job Title listed above.	e. I am requesting that my name be placed on the
Sionature	Date

2) ATTACH A COMPLETED APPLICATION TO THIS FORM.